

Bosker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088936	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/				51	
2		/	/				52	
3	2		/				53	
4	2		/				54	
5	2		/				55	
6	2		/				56	
7	2		/				57	
8	2		/				58	
9	/	/					59	
10			7				60	
11			7				61	
12			7				62	
13							63	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		2				TOTAL IND.	
TOTAL DEP.	9	↓	10	↓		↓	TOTAL DEP.	↓
TOTAL CLAIMS	11	[REDACTED]	12	[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]